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Held at Headquarters, New York,
on Wednesday, 16 June 1993, at 3 p.m.

President: Mr. HADID (Algeria)

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The meeting was called to order at 3.15 p.m.

PROGRAMME PLANNING AND IMPLEMENTATION (continued)

(b) MATTERS RELATING TO THE PROGRAMMING CYCLES (continued) (DP/1993/21)

1. The PRESIDENT read out the text of a decision which the Council had considered at its previous meeting as follows: "The Council takes note of document DP/1993/21, as well as the comments made thereon at the fortieth session. The Administrator will continue consultations on this subject with the Governing Council, including at the special session of the Council in 1994, with a view to submitting a conceptual paper on issues relating to the sixth programming cycle to the Council at its forty-first regular session." He took it that the Council agreed to that decision.

2. It was so decided.

OTHER MATTERS

(b) PROPOSAL CONCERNING LOCATION OF UNITED NATIONS DEVELOPMENT PROGRAMME AND UNITER NATIONS POPULATION FUND HEADQUARTERS (continued) (DP/1993/L.11)

3. The PRESIDENT drew attention to draft decision DP/1993/L.11, and said that he took it that the Council wished to adopt it.

4. It was so decided.

STATEMENT BY THE UNDER-SECRETARY-GENERAL FOR HUMANITARIAN AFFAIRS

5. Mr. ELIASSON (Under-Secretary-General for Humanitarian Affairs) said that, although there were fervent hopes that the United Nations would become an effective instrument for the attainment of peace, development and a dignified life for all, there was also a widespread fear that the world would lack the resources and political will to grapple with the great issues of survival. The United Nations had shifted its focus away from the resolution of international conflicts and towards involvement in complex emergencies caused by strife within nations. While the number of people needing assistance had reached staggering levels, the Organization had an obligation to uphold the principles of universality, neutrality and impartiality of humanitarian assistance, often under extremely difficult security conditions and political circumstances.

6. During the past year the Department of Humanitarian Affairs (DHA) had been called upon repeatedly to coordinate the response of the United Nations to crises of a complexity and scale undreamed of at the time of the adoption of resolution 46/182. Unfortunately, efforts to achieve security and to bring about economic and social reforms had been undermined by widespread structural problems. Population growth, massive migrations, poverty, and environmental degradation would have to be tackled if the United Nations was to move beyond a merely ad hoc approach to emergencies. More stress would have to be placed on grappling with root causes and strategies for prevention.

(Mr. Eliasson)

7. The experience of the past year had highlighted the complex relationship between relief, rehabilitation and development. Infrastructure rehabilitation must begin during the emergency phase and involve the participation of development institutions to ensure a smooth and rapid transition to development. The growing rapport among the World Bank, UNDP, DHA and other programmes and agencies in the humanitarian and rehabilitation field were a step in that direction.

8. The role of the United Nations Resident Coordinator had become crucial to the country-level coordination of emergency relief operations. The Resident Coordinator and the in-country disaster management team coordinated United Nations field-level activities to ease the transition from emergency relief to rehabilitation and development. The DHA-UNDP relationship was a key element in coordinating country-level responses to emergencies. DHA and UNDP had worked together closely to develop common approaches both to policy questions and to operational modalities. The recommendations produced at a recent workshop for Resident Coordinators and senior UNDP and DHA staff were in the process of being implemented. The UNDP/UNDRO Disaster Management Training Programme, currently in its third year of on-the-ground training, had become a principal mechanism for promoting disaster preparedness and disaster mitigation, and had proven to be an effective tool for promoting country-level cooperation among the operational agencies of the United Nations system. DHA and UNDP were committed to close cooperation to ensure strong and effective field-level representation.

9. In sum, UNDP could make a valuable contribution in three areas. First, UNDP could play a key role at the field level in supporting the efforts of Governments to build their capacity in disaster mitigation and disaster management. Second, UNDP could provide administrative and financial support to Resident Coordinators in the aftermath of a disaster or complex emergency. In cases where the Secretary-General established a special mechanism for the in-country coordination of relief activities, UNDP headquarters and field office support was vital; where no such special structure was installed, it was indispensable. Third, UNDP could participate in the shift from rehabilitation to sustainable development, which would require both close cooperation between in-country development and emergency agencies, and a dialogue with donors on ways of achieving optimal use of their emergency and development funds. The uprooting of populations was a growing problem which would increase the need for development-based reintegration programmes; failure to address that issue would almost certainly imperil fragile peace accords.

ANNUAL REPORT OF THE ADMINISTRATOR FOR 1992 AND PROGRAMME-LEVEL ACTIVITIES (continued)

(b) THE ACTIVITIES OF THE UNITED NATIONS DEVELOPMENT PROGRAMME IN COMBATING HIV/AIDS (DP/1993/12)

10. Mr. EDGREN (Assistant Administrator and Director, Bureau for Programme Policy and Evaluation) said that UNDP had been actively involved in raising awareness about the development implications of the HIV/AIDS pandemic, supporting and strengthening the capacity of communities to respond to it, promoting and aiding programmes, especially those which took into account the susceptibility of women to infection, assisting Governments in the development

(Mr. Edgren)

of multidimensional HIV strategies, and facilitating a collaborative and coordinated response within the United Nations system.

11. The HIV and Development Programme, which was responsible for coordinating the global, interregional, regional, national and community programme initiatives of UNDP concerning the HIV/AIDS epidemic, had organized country and inter-country workshops in over 20 countries in all regions and developed position papers, training materials and other documentation on pandemic-related policy and programme issues. UNDP was working to strengthen national and regional capacity, to provide support for the development of multisectoral programming, training, study tours and new approaches to community-based monitoring and evaluation, and to mobilize other key actors in the United Nations system. It had allocated Technical Services Support at the programme level (TSS-1) funds for an analysis, by the Food and Agriculture Organization of the United Nations (FAO) and the International Labour Organization (ILO), of the impact of the pandemic on agriculture and the labour force in four African countries, and was collaborating with international financing institutions as well as with the African and Asian Development Banks through joint programme development, training and information sharing.

12. He drew the Council's attention to the report of the Administrator (DP/1993/12) on the human immunodeficiency virus, the acquired immune deficiency syndrome and development which highlighted the recommendations of the UNDP Central Evaluation Office (CEO), and to the proposals for strengthening UNDP capacity to respond to the pandemic contained in paragraphs 222-226 of document DP/1993/45. He informed the Council that at the most recent World Health Assembly, the Director-General of the World Health Organization (WHO) had been requested to undertake, in close cooperation with, inter alia, the Administrator of UNDP, a study to consider the economic and organizational benefits, to Member States and the United Nations system, of a joint and co-sponsored United Nations programme on HIV and AIDS. That action reflected the dynamic nature of the pandemic as well as the growing understanding that health and sustainable human development were inextricably linked; it also acknowledged the need to look beyond sectoral programming to multidimensional programmatic responses. In the preceding three years, four external evaluations on the coordination of responses to the HIV/AIDS pandemic had been requested by various intergovernmental forums; coordination had also been the subject of debate in the Economic and Social Council in 1992. All those efforts represented time and labour not spent in dealing with the epidemic itself.

13. Concern had been expressed that rivalry or antagonism could arise between WHO and UNDP, owing to the possible overlap or duplication of activities. For its part, UNDP had consistently sought to work in a complementary and collaborative manner with WHO, and to support the leadership of WHO in health policy formulation. The Memorandum of Understanding for the Implementation of the WHO/UNDP Alliance to Combat HIV/AIDS, signed in 1992, had recognized UNDP's role in the development of multisectoral programmatic approaches to the epidemic and in the associated administrative, legal and policy frameworks. As the report indicated, collaboration between WHO and UNDP was strengthening. Since national Governments were increasingly turning to UNDP to assist them in responding to the social and economic aspects of the epidemic, UNDP was working to strengthen the field offices, and had created a new set of field posts for

development professionals rather than health specialists, which would make WHO and UNDP assistance truly complementary and synergistic.

14. While UNDP had to date made available over $40 million at country and inter-country levels in support of programmes, it was estimated that an additional $100 million would have been allocated for HIV and Development Programme activities by the end of the current cycle. He strongly urged the Budgetary and Finance Committee to approve the proposal to allocate more funds for the field offices, to enable them to carry out effectively HIV and Development advocacy, programme development, monitoring, evaluation and coordination functions. Despite its small team size, and many financial constraints, the HIV and Development Programme had succeeded, within a relatively short period of time, in facilitating a coordinated approach to the pandemic, mobilizing UNDP headquarters and field offices, reaching out to NGOs, Governments, and community groups around the world, and making an extraordinary contribution towards the fight against the HIV/AIDS pandemic.

15. Mr. MERSON (Director, Global Programme on AIDS, World Health Organization) said that prevention and treatment of AIDS required a thorough understanding of the implications the disease had for development and effective implementation of strategies for its control. UNDP had a crucial role to play in that area.

16. The AIDS pandemic had become truly global. As of mid-1993, approximately 14 million adults and children world wide had been infected with HIV and over 2 million had developed AIDS. While sub-Saharan Africa had the largest number of infections, the biggest increase in 1992 had been in Latin America and South and South-East Asia. World wide, about 75 per cent of HIV infections had been acquired through sexual intercourse. Heterosexual transmission was on the rise. Moreover, the vulnerability of youth was becoming clear. It was also recognized that the transmission of other sexually transmitted diseases (STDs) was associated with the same behaviours that exposed individuals to HIV infection and greatly facilitated the transmission of HIV. Effective STD diagnosis, care and prevention were therefore imperative for the prevention of HIV infection.

17. HIV infection led to a host of other diseases, one of the most serious being tuberculosis, which was already one of the leading causes of adult death in many developing countries. An alarming increase in cases had been reported in many countries. The increasing numbers of people with tuberculosis and other opportunistic infections were placing overwhelming stress on already fragile health systems. The cost to individual families was even more devastating; when parents died, their children and elderly dependants were often deeply impoverished because of the costs in time and money of caring for someone with AIDS.

18. Epidemiologically, there were two key challenges. In those countries where HIV had arrived early in the pandemic, there was a need to provide care and support to persons with AIDS and to deal with the social and economic consequences of their illness, while accelerating prevention efforts. In countries where HIV was new, there was the challenge of preventing the type of serious epidemic seen elsewhere.

(Mr. Merson)

19. The WHO Global Programme on AIDS (WHO/GPA) continued to be involved in a wide range of activities. It was providing policy and technical guidance to Governments in developing and coordinating broad-based national responses to HIV and AIDS, and was collaborating with 153 countries and areas. That cooperation concentrated on assistance in the formulation of multisectoral medium-term plans and improvements in the planning and management skills of national staff, as well as technical support.

20. WHO was continuing its efforts to learn more about prevention activities, particularly those related to prevention of sexual transmission. The goal was to help countries select an appropriate mix of interventions and approaches that had the most impact, taking into account cost, feasibility, replicability and sustainability. Special emphasis was being given to interventions targeted at youth and women, as well as to the social, political and economic factors that facilitated or constrained behaviour change among individuals, families and communities. Many of WHO's efforts were in support of prevention and care activities carried out by non-governmental organizations. It worked directly with NGOs, especially national and regional networks set up to strengthen NGO involvement.

21. WHO's research efforts continue to expand. One of its highest priorities was support of social and behavioural research. Priority was being given to studies of contextual factors affecting sexual behaviour, particularly among young people; research to gain a better understanding of household and community responses to HIV and AIDS; and research on gender relations in the area of sexual negotiation. A new area being explored was the determinants of HIV and AIDS-related discrimination, stigmatization and denial. The studies should provide insights into how human behaviour contributed to the spread of the pandemic, and how that behaviour could be modified.

22. WHO was continuing its support of biomedical research, including the development of an HIV vaccine that was appropriate for use in developing countries and the development of barrier methods under the control of women, since it had been found that women could not control or even negotiate safer sex in many settings. Although much progress had been made in research efforts it must be accepted that scientific advances would come in small steps.

23. WHO continued to give high priority to efforts to prevent discrimination against HIV-infected persons, which continued to undermine public health efforts. It had taken steps to enlist the high-level political support for AIDS prevention and control. Political leaders from developed and developing countries and business leaders in the private sector must give AIDS prevention the priority it deserved.

24. World Health Assembly resolution WHA 46.37 had called for a joint and co-sponsored United Nations Programme on HIV and AIDS. That request was a clear recognition that the struggle against AIDS could not be divided among organizations or sectors; the United Nations system must develop a comprehensive, well-managed response to HIV/AIDS. The process outlined in the resolution was already under way. The Director-General of WHO had contacted the executive heads of UNDP, the United Nations Children's Fund (UNICEF), UNFPA, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and

(Mr. Merson)

the World Bank, requesting their collaboration; a first meeting had been held in May 1993 and a second meeting would be held during the current week. New initiatives and resources, or the expansion of ongoing activities, would derive the greatest benefit if undertaken in the context of the study's recommendations. The study would offer an opportunity to move forward within the context of the global strategy for the prevention and control of AIDS, endorsed by the General Assembly in resolution 47/40.

25. Mr. HORIGUCHI (Japan) said that it was important to establish a mechanism to coordinate the activities of UNDP with those of WHO. His delegation believed that UNDP had a significant role to play, but was concerned about the possibility of rivalries developing among the relevant United Nations agencies. Such rivalries reduced the effectiveness of assistance and harmed recipient countries. Every effort should be made to avoid costly duplication of work.

26. His delegation was not opposed to the establishment of the 22 new Professional posts at the field level; however, since it was not clear what function they would serve, the decision on whether to release the necessary resources should be made only after the terms of reference for the posts were made available.

27. Ms. NOTEBOOM (Netherlands) said that the report of the UNDP Central Evaluation Office (DP/1993/12) contained a great deal of self-criticism regarding UNDP's performance at the country level; that was the bet starting-point for considering anew the role and functions of UNDP in the fight against HIV/AIDS. One of its most worrying findings was that the United Nations system was not in a position to provide the leadership and support the developing countries needed and that sometimes there was no sense of common purpose between the different agencies. She urged UNDP to make active efforts to improve that situation. It was imperative to enhance multilateral cooperation, coordination and complementarity. World Health Assembly resolution WHA 46.37 underscored the need for a truly multisectoral and multi-agency approach. UNDP must participate fully in that important system-wide study.

28. At the country level, UNDP should continue to contribute to the multisectoral response needed to strengthen efforts to stop the spread of the pandemic and reduce its social and economic consequences. Its role would be to continue to strengthen national capacities to plan and manage technical cooperation in the area of HIV/AIDS and development and to ensure the coherence of technical inputs in national strategies and programmes and the optimal use of national as well as external expertise and financial resources.

29. Her delegation agreed with the rationale behind the proposal to establish 22 national officer posts devoted to the fight against AIDS. However, it would be willing to approve the 22 posts only if the UNDP/WHO Alliance explicitly approved their establishment. It would also appreciate more information on the geographical distribution of the posts.

30. Mr. BABA (Observer for Uganda) said that despite all the efforts made to combat AIDS, the HIV/AIDS pandemic had become a matter of desperation to all the countries affected. Mass media campaigns and community-based programmes had succeeded in bringing about some behaviour change. In sub-Saharan Africa,

(Mr. Baba, Observer, Uganda)

national policies had been developed that supported the community response, focusing on preventive measures and prevention through education. Increased priority must now be given to the need for better care facilities and psychological support for HIV-infected people, drugs for the treatment of opportunistic infections including STDs, and further scientific research and biomedical and socio-behavioural studies.

31. Knowledge of how HIV was transmitted was of little help if women were not empowered to support themselves, or if the cost of treatment for STDs was unaffordable. It was therefore important to improve the social and economic status of women and other vulnerable groups. In sub-Saharan Africa, women were bearing the burden of care, of increasing infection rates and of the growing prenatal transmission. Women had the greatest potential for bringing the pandemic under control, if they were empowered to do so; the strategy for men should basically involve behaviour change.

32. AIDS should be addressed not only as a health issue but also as a development issue, in the context of specific policy priorities relating to poverty, the position of women and children, education and improvement of the health care system. That multisectoral approach to the AIDS pandemic must be maintained. Both WHO and UNDP should continue to develop the capacity to work intersectorally in their respective roles. Health must be integrated with the social, human rights and economic consequences of the HIV/AIDS pandemic and the need for a coordinated response. His delegation therefore supported the proposal to establish national field officers to strengthen the resident coordination system.

33. Given the incredible shortage of resources, there was a need for greater efficiency in their use. Coordination at the country level was of critical importance; duplication of programmes must be avoided. There must be mutual respect among professionals in the field and exchanges of experience about the effectiveness and sustainability of the projects being undertaken. At the same time, public support must be maintained for programmes at the field level, and the capacity of communities and of Governments to respond to the epidemic must be developed and strengthened.

34. Mr. STOGREN (Sweden), speaking on behalf of the Nordic countries, said that the AIDS pandemic was threatening economic and social development in an increasing number of countries, particularly in the developing world. It was widely acknowledged that a multisectoral response was needed from a wide range of international organizations in order to curb the spread of HIV/AIDS and alleviate its consequences. The United Nations system had an important role to play in ensuring an integrated and coherent response and, in that connection, he welcomed the increased attention given to HIV/AIDS in the fifth cycle country programmes.

35. While the report of the Administrator (DP/1993/12) recognized the seriousness of the pandemic and the need for multisectoral strategies, it gave the misleading impression that UNDP was the leading organization in the efforts to combat HIV/AIDS, which would do little to help improve coordination within the United Nations system and with other organizations. The task of the international organizations should be to help recipient countries develop and

(Mr. Stogren, Sweden)

implement national strategies and programmes, a process in which GPA had a key role to play, and to strengthen national capacity within the framework of a common United Nations programme formulated as part of the country strategy note, in line with the objectives of General Assembly resolution 47/199. The primary task of UNDP was to plan and facilitate measures in the economic and social areas and integrate them into the country programmes, in cooperation with other agencies and through its field office network and resident coordinators.

36. Lack of coordination and even competition between some United Nations organizations had been a concern in recent years and the Nordic countries welcomed the decision of the World Health Assembly to undertake a study on a joint and co-sponsored United Nations Programme on HIV and AIDS. Another important step towards improving coordination was the recent establishment of the GPA Management Committee Task Force on HIV/AIDS Coordination, which was intended to serve as a focal point for coordination and to seek agreement on priority areas of work among different agencies.

37. In the budget estimates for the biennium 1994-1995, the Administrator was proposing to create 22 national officer posts as local staff support for the resident coordinators for HIV/AIDS programmes. The Nordic countries proposed that, before the posts were established, UNDP should hold close consultations with the GPA Task Force on HIV/AIDS Coordination in order to clarify the specific role of UNDP at country level, discuss how available resources could be used in the most effective way and specify job descriptions for the posts.

38. While there was no one leading organization in the international struggle to combat AIDS, WHO and UNDP were key actors and should work together to mobilize the entire United Nations system. Further cooperation was also needed with the World Bank and regional banks in order to obtain the urgently needed resources.

39. Mr. BLANK (Germany) said that, given the complexity of the issue and the number of different United Nations organizations involved, it was vital to avoid rivalry and the creation of parallel structures. Full support should therefore be given to the work of the GPA Task Force. For its part, UNDP had a unique role to play in helping Governments to build national policy-making capacity to identify, analyse and plan for the socio-economic impact of the pandemic. World Health Assembly resolution WHA 46.37, which requested its Director-General to study the feasibility of establishing a joint and co-sponsored United Nations Programme on HIV and AIDS, also deserved support and his delegation called on the Administrator to cooperate fully in the consultations to be held on that question.

40. Ms. KNUTSON (Canada) said that her delegation was concerned to hear that United Nations programming at country level lacked direction and was often ineffective, uncoordinated and invisible. It therefore urged UNDP to participate fully in the discussions on the establishment of a co-sponsored United Nations Programme on HIV and AIDS. The aim should be to concentrate human and financial resources on halting the rapid spread of the pandemic, which was a crucial health problem with major implications for development policy in many countries.

(Ms. Knutson, Canada)

41. The 22 proposed national officer posts should not be established until close consultations had been held with the GPA Task Force to agree on an appropriate division of responsibility for the posts. While any delays which might ensue were regrettable, it was vital to ensure a collective United Nations approach.

42. Ms. POLLACK (United States of America) said that the HIV/AIDS pandemic had implications which cut across traditional programme and development sectors and it was clear that UNDP had a crucial role to play in improving coordination. However, its primary responsibility was to build national policy-making capacity to identify, analyse and plan for the socio-economic impact and development implications of the pandemic. She did not agree that all agencies needed to be involved at all the different intervention points, whether medical, economic, social or human. What was needed was a balance which emphasized comparative advantages and responsibilities within established mandates, if best use was to be made of the limited resources.

43. According to the report of the Administrator (DP/1993/12), UNDP now had a significant body of knowledge about effective approaches to the epidemic, but did not have adequate capacity to assist countries and organizations to respond, a fact which raised serious questions about the effectiveness of its activities. As reaffirmed in Governing Council decision 92/14, the partnership between UNDP and WHO was crucial in combating the pandemic and should be pursued within the framework of the Global Strategy for the Prevention and Control of AIDS. The WHO/UNDP Memorandum of Understanding was an excellent starting-point for improving management and coordination of HIV/AIDS resources and a mutually supportive relationship between the two agencies was vital. It was also important to understand the role of the resident coordinators in combating the epidemic and, in connection with the proposal to establish 22 national officer posts in the field, it would be useful to conduct a joint UNDP/WHO review of the functions to be performed by those officers and to take account of the study soon to be undertaken on the feasibility of establishing a joint and co-sponsored United Nations Programme on HIV/AIDS.

44. Mr. ZOLLER (United Kingdom) said that the approach taken by UNDP seemed designed to bring about social change so as to enable societies to understand and live with HIV/AIDS, through greater emphasis on community decision-making. He wondered whether countries which had adopted that approach found the epidemic easier to overcome, as suggested by paragraph 13 of the report of the Administrator (DP/1993/12).

45. The societal approach should be complemented by the provision of technical information; naturally such information was useful only if parallel initiatives were taken to mobilize and empower communities. A sectoral approach could be useful in channelling public funds cost-effectively, although compartmentalization should be avoided. The aim was to enhance the ability of societies to live with HIV/AIDS and it was necessary to determine how different agencies with different mandates could work together effectively to achieve that goal. His delegation believed that both societal and sectoral approaches were essential in combating the spread of HIV/AIDS and was disturbed by the report's implication that the societal approach was inherently superior.

(Mr. Zoller, United Kingdom)

46. The apparent differences between the approaches adopted by UNDP and WHO in recent years were perplexing and raised a number of questions. According to paragraph 23 of the report, for example, radical changes were required in the orientation of national HIV/AIDS programmes. He wondered what changes UNDP had in mind and whether it thought that the investment in the WHO Global Programme on AIDS had been ineffective. In paragraph 25, it was claimed that sectoral measures had so far failed to slow the epidemic, yet there was no evidence to support that conclusion or to show that the societal approach advocated by UNDP would produce better results. He wondered whether the dialogue with field offices concerning the problem of transforming national capacity into project and programme documents referred to in paragraph 27 had led to changes in programming and whether improved results had been achieved. He would also welcome further information concerning the significant body of knowledge about the epidemic referred to in paragraph 30, especially as to how it had been disseminated. The call for further programme support contained in paragraph 37 raised a number of questions, such as the advisability of moving scarce resources away from other development work in the field of prevention and how that approach would promote harmony between United Nations agencies and other donors.

47. His delegation appreciated the sensitive analysis of coordination issues in section VI of the report, since the critical need was not merely to agree on structures and modalities for better coordination but rather to build on the strengths of different approaches. UNDP should work with other agencies at local, country and international levels to accommodate a mix of approaches.

48. His delegation hesitated to turn down the proposal for the establishment of 22 national officer posts, but felt that careful consideration should be given to their role in the light of the remarks made above. Perhaps the proposal could be approved on a provisional basis, until the Council was fully satisfied as to the exact nature of their functions.

49. Mr. COGHLAN (Observer for Australia) said that, while the report of the Administrator (DP/1993/12) identified some of the critical elements in developing effective responses to HIV/AIDS, it failed to take adequate account of the situation of countries in which the epidemic had only recently emerged. The report noted the lack of guidance from headquarters on how best to address the HIV/AIDS pandemic in UNDP programming but failed to provide sufficient information on the changes needed. Simply increasing staff might exacerbate problems or lead to duplication of WHO functions and, in any case, was hardly a viable solution at a time of financial constraint.

50. There seemed to be tension between UNDP and WHO over the leadership issue. Continued consultation and negotiation should therefore be encouraged in order to clarify their roles with regard to in-country HIV/AIDS programming. In addition, his delegation would like to know what specific operational measures had been taken to ensure coordination and complementarity of roles between WHO and UNDP since the signing of the WHO/UNDP Memorandum of Understanding in July 1992. Furthermore, given that staff increases in the field were unlikely, it wished to know what operational policies and procedures UNDP would introduce to ensure clarity and direction from headquarters to field-based personnel.

(Mr. Coghlan, Observer, Australia)

51. Finally, he reiterated his delegation's commitment to the implementation of World Health Assembly resolution WHA 46.37 concerning a study on a joint and co-sponsored United Nations Programme on HIV/AIDS and urged UNDP to cooperate with the study.

52. Mr. EDGREN (Assistant Administrator and Director, Bureau for Programme Policy and Evaluation), replying to a question raised by the representative of Sweden on behalf of the Nordic countries, said that UNDP had no intention of usurping the leadership role and wished to cooperate closely with WHO and all other United Nations agencies. He was unable to reply to the detailed questions raised by the representative of the United Kingdom in the limited time available, but wished to point out that UNDP did not consider that the sectoral approach had failed and fully agreed that both a societal and sectoral approach were needed.

53. In reply to the representative of Australia, he said that a number of steps were being taken to implement the WHO/UNDP Memorandum of Understanding, including assistance with training for resident coordinators and the proposed establishment of 22 national officer posts. He urged the Governing Council to give favourable consideration to that proposal. He fully agreed that consultations should be held with the GPA Task Force to ensure that the tasks of the officers were properly defined. Finally, he fully endorsed the remarks made by the representative of Uganda concerning the importance of women in combating the HIV/AIDS epidemic.

The meeting rose at 5.10 p.m.